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CONFIRMATION NO. 7761

<b>SERIAL NUMBER</b> 10/773,617	<b>FILING OR 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 482	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 59174-8001.US05	
<b>APPLICANTS</b> Paul L. Hickman, Los Altos Hills, CA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/690,701 10/16/2000 PAT 6,808,472 which is a CON of 09/273,591 03/22/1999 PAT 6,193,631 which is a CON of 08/766,513 12/13/1996 PAT 6,059,692 which claims benefit of 60/008,603 12/14/1995					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 05/07/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 45965					
<b>TITLE</b> EXERCISE AND HEALTH EQUIPMENT					
<b>FILING FEE RECEIVED</b> 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		